

## **Application Data Sheet**

### **Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	SYSTEM FOR FILLING CONTAINERS
Attorney Docket Number::	000166.0096-US02
Request for Early Publication?::	No
Request for Non-Publication?::	No
Total Drawing Sheets::	8
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

### **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Canada
Status::	Full Capacity
Given Name::	Lloyd
Middle Name::	P.
Family Name::	Johnston
City of Residence::	Belmont
State or Province of Residence::	MA
Country of Residence::	US
Street of mailing address::	32 Winslow Road
City of mailing address::	Belmont
State or Province of mailing address::	MA
Postal or Zip Code of mailing address::	02478

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Canada  
Status:: Full Capacity  
Given Name:: Kevin  
Family Name:: Stapleton  
City of Residence:: Seattle  
State or Province of Residence:: WA  
Country of Residence:: US  
Street of mailing address:: 4221 East Lynn Street  
City of mailing address:: Seattle  
State or Province of mailing address:: WA  
Postal or Zip Code of mailing address:: 98112

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Ernest  
Middle Name:: E.  
Family Name:: Penachio  
City of Residence:: Cambridge  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of mailing address:: 18 Speridakis Terrace  
City of mailing address:: Cambridge  
State or Province of mailing address:: MA  
Postal or Zip Code of mailing address:: 02139

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Mark

Family Name:: Wolff  
City of Residence:: Somerville  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of mailing address:: 14 Mead Street, Apartment 1  
City of mailing address:: Somerville  
State or Province of mailing address:: MA  
Postal or Zip Code of mailing address:: 02144

### **Correspondence Information**

Correspondence Customer Number:: 26853

### **Representative Information**

Representative Customer Number:: 26853

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	10/052,632	01/23/02
10/052,632	Division of	09/642,666	08/22/00

### **Assignee Information**

Assignee name:: Advanced Inhalation Research, Inc.  
Street of mailing address:: 840 Memorial Drive  
City of mailing address:: Cambridge  
State or Province of mailing address:: MA  
Postal or Zip Code of mailing address:: 02139